

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented to: Agency(ies) Charge No(s): <input checked="" type="checkbox"/> FEPA <b>470-2011-03066</b> <input checked="" type="checkbox"/> EEOC	
_____ and EEOC _____ State or local Agency, if any			
Name (indicate Mr. Ms. Mrs.) <b>MR. CLARENCE (BOB) HUNT</b>		Home Phone (Incl. Area Code) <b>317-353-4855</b>	
Date of Birth <b>12/20/1966</b>			
Street Address <b>8389 CHAPEL PINES DRIVE</b>		City, State and ZIP Code <b>INDIANAPOLIS IN 46234</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>AMERICAN SIGNATURE, INC.</b>		No. Employees, Members 500+	
Phone No. (Include Area Code) <b>614-221-9200</b>			
Street Address <b>4300 EAST FIFTH AVENUE</b>		City, State and ZIP Code <b>COLUMBUS OH 43219</b>	
Name _____		No. Employees, Members _____	
Phone No. (Include Area Code) _____			
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____ February 2011 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)):  <p>I was hired to work at an American Signature, Inc. store d/b/a Value City Furniture as a Sales Representative in September of 2008. I always met or exceeded my employer's expectations.</p> <p>In February of 2011 I was still working for the company in their Plainfield, Indiana, location. At that time, I broke my leg and was permitted to return to work with restrictions in March of 2011. My supervisor, Justin Rieger, was informed by my doctor that I could not lift, stand for prolonged periods of time, or otherwise perform physical labor since I was still on crutches. Mr. Rieger completely disregarded my restrictions and forced me to load furniture and other heavy merchandise.</p> <p>I began to perceive that Mr. Rieger wanted to push me out of the store and I complained to Human Resources in early May of 2011 that the conditions at the store were becoming hostile. No steps were taken to address my complaint.</p> <p>On May 16, 2011 I experienced a severe anxiety attack and actually fainted in front of co-workers. I was rushed to the Emergency Room, where I was diagnosed. I returned to work after a few days and on May 18, 2011 experienced another episode. When I requested Mr. Rieger to allow me to go to the hospital, he refused, and I had to finish working my shift.</p> <p>Following the May 18<sup>th</sup> incident I was diagnosed with a disorder stemming from stress at work. My doctor advised me to take time off and my request for FMLA leave was approved up to August 10, 2011.</p> <p>On August 3, 2011 my treating physician approved me to return back to work on August 10, 2011 with the restrictions of no more than 40 hours per week in an administrative position. My current job with the company, as Assistant Manager, meets these qualifications.</p>			

Mr. Rieger contacted me and informed me that I will not be able to return to the company with any restrictions. Ms. Lorraine Hennecheck, in the company's HR department, informed me that currently the company had no available positions that would meet this qualification and that my position was filled. No one has provided me with an answer as to why I cannot return to my Assistant Manager position or why my position was not kept open while I was on FMLA.

After I contacted the company's legal department to ask for an explanation, they sent out ADA paperwork for long-term disability leave. However, I am capable of returning to work, with the requested accommodations, and I believe that their refusal to allow me to return is in retaliation for my complaints about my workplace, a refusal to accommodate and a violation of the American's with Disability Act of 1990, as amended, and the fact that I can return to work but am not permitted to, functions as constructive discharge.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – *When necessary for State and Local Agency Requirements*

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

8-24-11  
Date

  
Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)